## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2008 8:00 am Secretary of State

DOCUMENT # P06000155277  1. Entity Name ANGELLA'S CLEANING SERVICE INC.				• • • ·		<b>41 y U1 S</b> 90059 017 ***1	
Principal Place of Business	Mailing Address		-	41			
5430 RIVERMILL LANE	5430 RIVERMILL LANE						
LAKE WORTH, FL 33463 LAKE WORTH, FL 33463			•				
	·			 		 	
Principal Place of Business - No P.O. Box #     Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.				03112008	Chg-P	CR2E034 (12/06	) 
City & State City & State				4. FEI Number 20 - 8	740114	/	opplied For lot Applicable
Zip Country	Zip	Country		5. Certificate of	Status Desired	S8.75 Ac Fee Requir	
6. Name and Address of Current	Registered Agent	* * * * * * * * * * * * * * * * * * * *		7. Name and A	ddress of New Re	egistered Agent	
CLARKE, CAMILLE			ame				
5430 RIVERMILL LANE LAKE WORTH, FL 33463			Street Address (P.O. Box Number is Not Acceptable)				
							11112
		City				FL Zip Co.	de.
<ol><li>The above named entity submits this statement for the obligations of registered agent.</li></ol>	the purpose of changing its	registered office	or register	ed agent, or both	in the State of Flor	rida. I am familiar with	, and accept
SIGNATURE Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	E: Registered Agent sign	ature required	when reinstating)	-	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.(	9. Election Campai Trust Fund Contr		\$5.	00 May Be	,	<u> </u>	
10. OFFICERS AND	DIRECTORS	11.					
TITLE P				ADDITIONS/C	HANGES TO OFFIC	CERS AND DIRECTO	RS IN 11
LOLADICE GALANTE	☐ Delete	TITLE		ADDITIONS/C	HANGES TO OFFIC	CERS AND DIRECTOR  Change	RS IN 11
NAME CLARKE, CAMILLE	☐ Delete	NAME		ADDITIONS/C	HANGES TO OFFIC		
STREET ADDRESS 5430 RIVERMILL LANE	☐ Delete	name Street address	6	ADDITIONS/C	HANGES TO OFFIC		
STREET ADDRESS 5430 RIVERMILL LANE LAKE WORTH, FL 33463		NAME STREET ADDRESS CITY-ST-ZIP	3	ADDITIONS/C	HANGES TO OFFIC	☐ Change	Addition
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacking with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND EFFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/08 56/635-4840